

Office of Administration

Commissioner's Office

"Request for Preauthorization for Other Services"

Program: Alternatives to Abortion

Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name: [REDACTED]

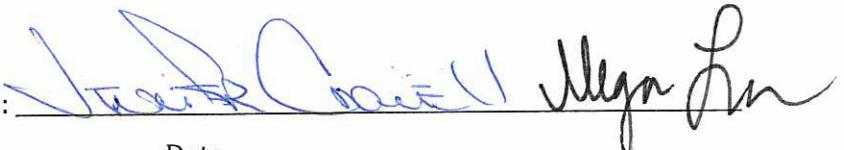
Date Enrolled: 8/9/14

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
	New Fuzzy- Or Payer	379.52	Currently UNEMPLOYED.
AMOUNT TO BE REIMBURSED			

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov by the Contractor only!

Thank you.

Authorized person requesting purchase:



Approved for purchase: _____ Date _____

Purchase denied: _____ Date _____

Reason for denying purchase: _____

		Payment Frequency	Monthly	
Due Date/Days Past Due	03/10/17	27	Payment Frequency	Monthly
Payment Due	299.94		Payment Amount	299.94
Partial Payment Credit	-.42		Contract No. Payments	51
Late Charge Due	80.00	16	Payments Remaining	36
Return Check Charge			Contract Balance	8337.88
Total Due	379.52		Contract Payoff	8526.52
			Payoff Quote	
Total Received			Late Charge Credit	
Late Charge Received			Interest Due	188.64
Function*				